



Hair Growth Lab Cheat Sheet

47 OPTIMAL RANGES FOR HAIR GROWTH
Screenshot-Ready Reference for Your Next Lab Draw

Stephanie Center

COMMON LAB PATTERNS IN WOMEN WITH HAIR LOSS

Hair loss rarely comes from a single out-of-range marker. These are the patterns that show up most often, and why they get missed.

Iron Deficiency Pattern (even when "not anemic")

Low ferritin (under 70) + elevated TIBC + low-normal MCV + low iron saturation

Your body is iron-depleted at the tissue level. Hair follicles are among the first to lose access to iron when stores drop, long before anemia develops.

Doctors flag ferritin at 12. Hair growth requires 70+. A woman can lose significant hair with a ferritin of 22 and be told her iron is fine.

Thyroid Conversion Problem

Normal TSH + low Free T3 (under 3.2) + elevated Reverse T3 (over 15)

The thyroid is producing hormone, but it is not converting to the active form that enters cells. Hair follicles are not getting the thyroid signal they need to stay in the growth phase.

Most doctors only check TSH, which is the last marker to move.

By the time TSH is flagged, this pattern has often been driving hair loss for months or years.

Androgen-Driven Shedding

Elevated DHT + low SHBG + elevated Free Testosterone

Low SHBG means more androgens circulating freely.

Elevated DHT directly miniaturizes hair follicles over time, shortening the growth cycle with each pass.

DHT, SHBG, and Free Testosterone are rarely ordered together.

Without all three, the pattern is invisible and the root cause goes unaddressed.

Nutrient Depletion Cascade

Low Vitamin D + low ferritin + low Magnesium RBC + low Zinc RBC

These depletions rarely show up alone. When gut absorption is compromised, multiple nutrients drop simultaneously. Supplementing one thing at a time will not resolve a pattern that is driven by malabsorption.

Doctors often find one marker borderline and clear it. The pattern across markers tells a completely different story.

Knowing the pattern is the first step. Understanding what each marker means and why it matters for your hair is the next one.

How to use this: The ranges below are optimal for hair growth, not the standard ranges on your lab report. Compare your results against the OPTIMAL column. Any marker that falls outside optimal is worth investigating, even if your doctor cleared it. For full explanations of each marker, see the complete Optimal Lab Ranges for Hair Growth guide.

Optimal Ranges at a Glance

SCREENSHOT THIS PAGE FOR YOUR NEXT LAB DRAW

IRON PANEL	
Ferritin	70-100+ ng/mL
Serum Iron	90-130 ug/dL
Iron Saturation	20-35%
TIBC	Context-dependent
THYROID PANEL	
TSH	0.5-2.0 mIU/L
Free T3	3.2-4.0 pg/mL
Free T4	1.0-1.5 ng/dL
Reverse T3	Under 15 ng/dL
T3:RT3 Ratio	Greater than 20
TPO Antibodies	Under 9 IU/mL
Thyroglobulin Ab	Under 40 IU/mL
METABOLIC / BLOOD SUGAR	
Fasting Glucose	70-85 mg/dL
Fasting Insulin	Under 7 uIU/mL
HbA1c	Under 5.3%
INFLAMMATION	
hs-CRP	Under 1.0 mg/L
Homocysteine	Under 7 umol/L
ADRENAL	
Morning Cortisol (8am)	15-25 ug/dL
CORTISOL (DUTCH)	
Waking (CAR)	10-50 ng/mg creat.
Plus 2 Hours	30-130 ng/mg creat.
Dinner	7-30 ng/mg creat. 0-
Bedtime	14 ng/mg creat.
NUTRIENTS	
Vitamin D 25(OH)D	60-80 ng/mL
Calcitriol 1,25 di-OH <i>Active form; preferred</i>	40-80 pg/mL
Vitamin B12	500-1,000 pg/mL
MMA <i>Functional B12 marker</i>	Under 300 nmol/L
Folate	10-25 ng/mL
Zinc RBC <i>Use RBC, not serum</i>	12-14 mg/L
Serum Zinc	75-120 ug/dL
Selenium	110-150 ug/L
Magnesium RBC <i>Use RBC, not serum</i>	5.6-6.8 mg/dL
Copper	80-110 ug/dL
Zinc:Copper Ratio <i>Calculated from serum values</i>	8:1 to 12:1
SEX HORMONES	
Estradiol (Follicular)	50-150 pg/mL
Estradiol (Luteal)	150-300 pg/mL
Progesterone (day 19-21)	Greater than 10 ng/mL
Total Testosterone	30-70 ng/dL
Free Testosterone	1.5-2.5 pg/mL
DHEA-S	150-350 ug/dL
DHT	Under 30 ng/dL
SHBG	60-80 nmol/L
FSH (Follicular phase)	3-10 mIU/mL
LH:FSH Ratio	Under 2:1
CBC (HAIR-RELEVANT)	
RBC Count	Mid-to-upper normal
Hemoglobin	Mid-to-upper normal
Hematocrit	Mid-to-upper normal
MCV	85-95 fL
LIVER FUNCTION	
ALT	10-30 U/L
AST	10-30 U/L
Alkaline Phosphatase	50-100 U/L

Optimal ranges for hair growth. Standard lab ranges are wider and designed to flag disease, not optimize function.

MEET STEPHANIE CENTER

Stephanie Center is a Functional Diagnostic Nutrition Practitioner (FDN-P) based in Nashville, TN. She left a career as a hospital occupational therapist after experiencing debilitating gut dysfunction, hormone imbalance, and hair loss that conventional medicine could not explain or resolve.

Her own healing came through functional lab testing and a root-cause approach. What four gastroenterologists missed over 2.5 years, the right testing finally revealed. That experience became the foundation of Stephanie Center Wellness.

She works with women experiencing hair loss through two programs: BREAKTHROUGH, her 1:1 private program, and the Hair Growth Accelerator, a group program that runs a few times a year. The cheat sheet you just downloaded is the same reference she uses with every client.

READY TO UNDERSTAND WHAT YOUR NUMBERS MEAN?

Optimal Lab Ranges for Hair Growth

You now have the numbers. This guide gives you the meaning behind every single one.

- + All 47 markers explained in plain language, not medical jargon
- + The WHY behind every optimal range, so you understand what your body is trying to tell you
- + How each marker connects to hair loss, section by section: iron, thyroid, nutrients, hormones, inflammation, adrenal, liver, CBC
- + The lab patterns that show up most in women with hair loss, and what they mean together
- + The exact testing approach used in the Hair Growth Accelerator program
- + A screenshot-ready quick reference page for your next lab draw

\$47 — Instant Download

holistichouse.thrivecart.com/optimal-lab-ranges-for-hair-growth-guide/

WANT SOMEONE TO LOOK AT YOUR LABS WITH YOU?

Hair Loss Root Cause Assessment

A focused 1:1 call with Stephanie to identify what is driving your hair loss and determine your clearest next step.

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